Community Pharmacy
HUMBER

Open Meeting

Wednesday 6th May 2026

Held at Cottingham Parks Golf & Leisure, Cottingham

This meeting was conducted in line with the LPC Code of Conduct and Accountability

Attendees:

Paul McGorry	Chief Executive Officer	PJM
Taffazzal Haque	Independent representative/Chair	TAF
Nick Hamilton	CCA representative	NH
Andre Amaral	Independent representative	AA
Jon Whitelam	CCA representative/Treasurer	JW
Jiun Chow	Independent representative	YJC
Manuel Mestre-Valdes	Independent representative	MMV
Annette Mauder (closed session only)	CCA representative/Vice Chair	AM
Lisa McGowan	Independent representative	LMc
Tom Hajdas	CCA representative	TH
David Broome	CPE representative	DB
Caroline Hayward (Left after open session)	DoS	CJH
Karen Stone (left after open session)	PDP	KSt
Joanne Carter	LPC Office Manager	JDC
Danielle Simms (left after open session)	PSSO	DS
Hayley Patterson (left after open session)	H&NY ICB	HP
Donna Campbell	Healthwatch representative	DC
Tina Ramsey (left after open session)	CPPE representative	TR

Apologies:

Carol Hibbert	H&NY ICB Commissioning support	CH
Abayomi Olusanya	Independent representative	AO
Katie Stark	Administration Officer LPC	KS

Subgroups:

Jon Whitelam (Treasurer)	Executive committee	JW
Annette Mauder (Vice chair)	Executive committee	AM
Abayomi Olusanya	Executive committee	AO
Taffazzal Haque (Chair)	Executive committee	TAF
Annette Mauder (Vice Chair/Lead)	Governance subgroup	AM
Lisa McGowan	Governance subgroup	LMc
Andre Amaral	Governance subgroup	AA
Taffazzal Haque	Governance subgroup	TAF
Nick Hamilton	Annual Salary	NH
Taffazzal Haque	Annual Salary	TAF
Jon Whitelam	Annual Salary	JW
Lisa McGowan	Re-structure subgroup	LMc
Taffazzal Haque	Re-structure subgroup	TAF
Andre Amaral	Re-structure subgroup	AA
Abayomi Olusanya	Re-structure subgroup	AO
Paul McGorry	Re-structure subgroup	PJM
Joanne Carter	Re-structure subgroup	JDC
Jon Whitelam	Re-structure subgroup	JW

The meeting started at 10am

Open Session		
1.	**Apologies for absence and introductions:** The Chair welcomed all to the meeting, including Tina Ramsey from CPPE and Donna Campbell from Healthwatch. Apologies as above.	
2.	**Committee Governance:** **i.** Members to note the contents of the LPC Code of Conduct & inform the Chair of any changes to their declarations of interest as below: ii. Competition Law Compliance Guidelines noted by all members.	
3.	**Minutes of the last meeting – 4.3.26** **Humber LPC minutes:** Minutes of the last LPC meeting had been circulated prior to the meeting and were accepted as a true record, following a minor update from Hayley Patterson.	
4.	**Matters arising from the last minutes:**	
5.	**CPPE** TR led the meeting through their latest newsletter and promoted all upcoming events. A new self-directed e-course, "Fundamentals of Biology," is being offered as a starting point for Pharmacists and Pharmacy Technicians. A resource named "Optimise" is available, providing data and case guidelines for individuals who wish to deliver their own "lunch and learn" style workshops. Support is offered for role progression, including a "Return to Prescribing" course for those who are already prescribers but want to regain confidence. The new regional tutors are currently familiarising themselves with their new roles and contacts. A detailed description of the Pharmacy Technician Development Program was given. TR confirmed the face-to-face PGD event had been repositioned as an online event.	TR to share newsletter
6.	**Healthwatch** Healthwatch is rebuilding community relationships and gathering feedback following a period of disruption. After a period of being disbanded, the organization is re-establishing its presence and collecting community feedback. Resources have been created to support this effort, including intelligence reports, available maps, and a new website application. The goal is to provide updates on community group activities and the general health landscape The future of Healthwatch is uncertain due to potential restructuring, but local operations are secure until March next year. Healthwatch is actively seeking feedback from diverse community groups to demonstrate its value, highlighting a specific issue with repeat prescriptions: • The organisation is on a fixed-term contract until March and is operating "business as usual." • The strategy is to engage with as many different communities, groups, and fan clubs as possible to gather experiences and demonstrate impact.	

	There is confusion among patients about whether issues with prescriptions originate from Community Pharmacies or GP practice Pharmacists. A key lesson learned across all Healthwatch branches is that issues often attributed to "Community Pharmacies" are actually caused by practice-based Pharmacists. A specific dispensing error was discussed involving a child who received an adult dosage of medication over a weekend. The discussion highlighted the importance of human checks and patient ownership in preventing medication errors: • It was acknowledged that while processes and policies provide a level of assurance, human error is always a risk. • Pharmacists are trained to be particularly cautious with children's prescriptions. • A website called "Me and My Medicines" from NHS England was recommended as a resource. • The website encourages patients to take ownership of their medication, which is especially important given current medicine shortages. Healthwatch to promote Pharmacy service information on their website.	JW/LMc to provide wording for Healthwatch website including Minor Ailments Share Healthwatch contact info with PJM & LMc
7.	**Humber and North Yorkshire Integrated Care Board** **Primary Care/Community Pharmacy** HP currently working on primary care action plan. **ICB restructure** Expressions of interest have now been submitted, and interviews starting following week and should be concluded in 6 weeks. The use of AI in decision-making and filtering processes is being curtailed nationally. An instruction has been issued nationally to reduce the use of AI, following an incident where at least one ICB on the south coast allowed AI to handle all decision-making. **Pharmacy & Meds optimising team** No update received prior to the meeting.	
8.	**CPE representative** No decision from the government around negotiations at the present time. The Easter period has delayed a response. Contractors are urged to report drug pricing discrepancies, especially for niche products, to ensure accurate price concessions are granted. Examples were given to the scale of the problem. It was noted that the concession list would likely be two or three times larger if it included every product that cannot be purchased at 20% less than the retail price. Some are granted and then changed. There is uncertainty among contractors whether their "comparison websites" or "cascade systems" automatically report over-tariff pricing to the relevant bodies (CP). CPE have no sight of the prices which the government have for drugs.	

9.	**Primary Care Networks** PJM gave an update on the recent PCN lead meeting, a positive meeting, discussion over EPS nominations. Currently lots of gaps across the area. A face to face meeting will be arrange for later in the year.	DS to arrange

10.	**Services**
	
	The Varenicline stop-smoking service has launched successfully in North and North East Lincolnshire, with plans to expand to East Riding.
	
	• The service, which launched in February, has 18 Pharmacies live, though 4 have not yet received referrals due to their geographical location:
	  o Site numbers are expected to increase significantly once Boots signs its contract.
	  o Additional Pharmacy sites are being sought in North Lincs at the commissioner's request to improve geographical coverage.
	
	• Since February, there have been 403 consultations completed as of May 5, 2026, with 144 clients currently registered:
	  o 107 clients are in North East Lincs, which had a pre-existing waiting list, leading to a faster start.
	  o 37 clients are in North Lincs, which has been slower to gain traction as it relies on standard access routes.
	
	• The referral process allows for patient self-referral via the council or Stop Smoking websites, or through GP referrals.
	
	Distance-selling Pharmacies are prohibited from participating in the varenicline service:
	
	• A key requirement of the service specification is that the first consultation must be conducted face-to-face.
	• Some distance-selling Pharmacies were inappropriately offered contracts by the council but were subsequently removed from the service.
	
	The launch of the Varenicline service in East Riding has been delayed:
	
	• The council sent out expressions of interest on March 12, 2026, but received a poor response.
	  o Danielle is following up with non-responding pharmacies.
	• The service will be launched once all necessary documentation is in order.
	• It will operate identically to the South Bank service, with the Stop Smoking Team, providing behavioral support and Pharmacies managing clinical checks and dispensing.
	
	The Hull supervised consumption service is transitioning to a new, more holistic Medically Assisted Treatment model.
	
	• CGL, the historical commissioner, will transition the service to the new model.
	• The revised MATS model for Hull supervised consumption will go live on July 1, 2026. - Signed off at the previous meeting.
	• Mandatory online training will be required for all participating Pharmacies and will be offered in June 2026. Details are expected to be shared by CGL in May 2026.
	• The change is expected to be financially beneficial for all contractors and improve patient care by providing holistic reporting and reducing the likelihood of patients dropping out of therapy.
	• The new model future-proofs Pharmacy payments for supporting patients who are not technically supervised but still receive dispensed products.	

The contract for the North Lincs supervised consumption and needle exchange service was successfully retained.

- The contract was re-tendered and secured, continuing from April 1, 2026.
- Further details regarding fee negotiations will be presented in the closed session.

Updates were provided on Take-Home Naloxone (THN) services in North East Lincs and Hull.

- North East Lincs: The THN service has been signed off by the Executive Committee and is launching immediately:
    - Contracts are being sent out on May 6, 2026, to all current providers of supervised consumption in the area.
    - The launch is considered timely due to a recent increase in overdoses from a batch of contaminated drugs.
- **Hull:** The pilot THN service launch has been delayed pending a key meeting between the Pharmacy, the council, and LPC:
    - The date for this meeting has been set for the week of May 11, 2026.

The process for supplying DomMAR charts is being revised:

- A new chart will be introduced to support the service.
- The ICB will commission a single, annual print run of charts for all participating Pharmacies.
- Each Pharmacy will receive a full year's quota of charts, based on the previous year's activity, directly from the printer.
- A contingency stock of charts will be held at the LPC office for Pharmacies that experience an increase in activity.
- Final details on the communication and operational plan are still being finalized.
- The DomMAR service will continue in its current format in East Riding and Hull, with potential future expansion.
- There was discussion about expanding the service to other areas, which is considered as a potential future plan.
- For now, the service will continue operating only in East Riding and Hull.

Updates were provided on various sexual health services in the region.

- **North East Lincs ACT/EHC:** The revised ACT service launched on April 1, 2026, offering standalone pregnancy testing, chlamydia test kits, and condoms to eligible age groups, supported by a new PharmOutcomes module. The C-card service continues unchanged.
- **East Riding Standalone Condom Service:** The launch, intended for April 1, 2026, has been delayed by the council. The service specification and platform are ready.
    - A meeting with the council is scheduled for May 7, 2026, to get an update on the timeline.
    - The service is designed to support the national Pharmacy Contraception Service by providing condoms to specific age groups.
- **Hull C-Card Service:** This service is currently under discussion with the CHCP for development.

Analysis of the Medicines Shortages Platform is on hold pending further Pharmacy feedback.

- The platform launched in June 2025.
- A report analysing platform data was drafted but was skewed due to receiving only one survey response from one Pharmacy, which would bias the data.
- A second Pharmacy has recently started using the platform significantly and has been contacted for feedback.
- The analysis will be redone once the second survey response is received, with the goal of presenting the final report at the next meeting.

11.	**Winter season 2026/27** **The region's COVID-19 vaccination uptake is significantly ahead of others.** • Data from the first couple of weeks of the vaccination season shows the local ICB is leading in uptake across the board. • The region is ahead of all regional averages and is leading on key measures, except for care homes where it is a close second (34.3% vs. 35.8%). • Community Pharmacy is understood to be playing a significant part in this success. • Positive feedback was reported, with stock arriving as expected and booking slots being filled effectively. **Pharmacies reported specific operational issues with the COVID-19 vaccination service.** • One Pharmacy noted that stock is still arriving in lots of 50, which may be more than needed for the remainder of the program. • Another Pharmacy shared an experience where their vaccination cap was not updated in the system correctly, forcing them to cancel and rebook one and a half sessions (approximately 150 patients). o The cap has since been updated, but it is expected to be exceeded again due to high demand.	
12.	**Control of Entry/Exit & PCSE** As Appendix.	

13.	**AOB**
	
	A query was raised about the organisational restructuring of ICB places from six down to three. The group discussed that while many practices have been working together informally, this change represents a formalisation of that collaboration.
	
	A concern raised that adding a new layer of "three larger locality things" below the ICB level could create confusion and conflict between new PCN neighbourhood teams and existing structures, potentially leading to disputes over seniority.
	
	The group discussed issues with prescription payment exemptions, particularly concerning Universal Credit and the Real Time Exemption Checking (RTEC) system.
	
	• Patients are frequently receiving fines, especially those on Universal Credit, due to confusion over prescription payment exemptions following the abolishment of income support.
	• The Real Time Exemption Checking (RTEC) system flags patients on Universal Credit as needing to pay, whereas it did not for those on Income Support or ESA.
	• Healthwatch could advise the public that if a Pharmacy's RTEC system indicates payment is required, patients should pay unless they have physical documentation proving their exemption, to avoid a fine.
	  o Previously, when all prescriptions were paper based, the chance of a fraudulent claim being caught was very low (e.g., 1% of ~6,000 scripts). Now, with electronic prescriptions, only the paper scripts with questionable exemptions are sent for manual review, which go directly to the fraud investigation squad. This has significantly increased the number of penalty notices issued.
	  o If a patient is genuinely exempt but lacks proof at the Pharmacy, they should pay for the prescription, obtain a receipt, and claim a refund later.
	
	• **Exemption Nuances:** A message that needs to be communicated to patients and GPs is that having an eligible condition (e.g., thyroid problems, pregnancy) <u>does not automatically</u> confer exemption:
	  o A message should be disseminated to patients and GPs clarifying that prescription exemption is granted only upon application and receipt of a valid exemption card, not by the mere presence of a qualifying condition.
	  o The requirement to renew exemption cards is because some conditions, like pregnancy, are temporary, unlike others such as needing thyroxin.
		DC to investigate

	ENDED 11.37 am	

Future meeting dates	Time	Location
Wednesday 1st July 2026	10am	Scunthorpe Football club
Wednesday 16th September 2026	1pm & AGM	Tbc
Wednesday 4th November 2026	10am	Health House
Wednesday 13th January 2027	10am	Tbc
Wednesday 3rd March 2027	10am	Tbc

Appendix:

Date Notified	Change Type	Status	Existing contractor	Address	New Contractor if COO	Other Notes
			LPC Meeting 4/3/26			
19/3/26	COO & NSCR	Informed	SNJ healthcare Ltd Church lane Thorngumbald	98 Main Rd Thorngumbald	AP SD thirty Ltd	Discussed virtually and response submitted
Var Dates	Appeal	Informed	Sutton Manor Pharma Ltd	633 Anlaby Rd Hull	to 61 Calvert Lane	Appeals process submit and counter
1/4/26	COO	Informed	Watson & Crump	t/a Kingston pharmacy 18 High St Messingham Scunthorpe	Tobrey Limited t/a Tobrey Pharmacy	As of 1/4/26
1/4/26	UB	Informed	Pharmasee Ltd	Around High St Market Weighton		UB application by 16th May, to be discussed in closed.
2/4/26	Merger	Informed	Clee Medical Centre & Dr Qureshi's Surgery	Cleethorpes	Clee health Group	informed of proposed GP merger for 1/7/26 subject to process
2/4/26	COO	Informed	Medix-AG Ltd	t/a Wilberforce Pharmacy 21 Story St Hull	WCCPharma Ltd	Approved
27/4/26	NSCR	Informed	El Chon Ltd	t/a Princes Pharmacy Unit 4 Princes Ct Hull	t/a Princes Pharmacy Unit 1 Princes Ct Hull	Effective 27/4/26
5/5/26	COO	Informed	WM Morrison Supermarkets Ltd	716-718 Holderness Rd Hull	Associated Apothecaries Limited	Approved subject to appeal
			LPC Meeting 6/5/26			